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**Testimony in strong opposition to HB 6645,
An Act Concerning Compassionate Aid In Dying for Terminally Ill Patients**

Senator Gerratana, Rep. Johnson, and members of the Public Health Committee:

I am an adult on the autism spectrum and one of the leaders of Second Thoughts Connecticut, an advocacy organization led by people with disabilities opposing the legalization of assisted suicide. All of us are here today in vigorous and unconditional opposition to the Orwellian titled HB 6645, "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients." HB 6645 is a radical and dangerous bill, without even the pretense of safeguards. It will needlessly shorten the lives of elders and people with disabilities, perhaps including my own.

Let us first correctly understand that the act at the core of this bill is **assisted suicide**. We must not use euphemisms like "compassionate aid in dying" to justify the unjustifiable. Back in July 1942, at the height of the Holocaust, when German (and French) psychiatrists and pediatricians were murdering over 300,000 people with disabilities in institutions like Hadamar, the *American Journal of Psychiatry* published an unsigned editorial titled "Euthanasia." This shocking editorial supported the views of neurologist Foster Kennedy, MD, who advocated that all five-year-old children in the US with severe intellectual disabilities be killed. What is pertinent here are the euphemisms used by the editors of the American Journal of Psychiatry to describe their plans for medical murder. As I have written in *The Disability Rag*, and Dr. Peter R. Breggin, MD has written elsewhere, the editors of the official journal of the American Psychiatric Association never use the words "murder" or "kill." Instead, they speak of "disposal by euthanasia," "merciful passage from life," "a method of disposal," and even "a lethal *finis* to the painful chapter," and also suggest a psychiatric campaign to alleviate parents of guilt over the murder of their children.¹

The repeated references to the euphemism "aid in dying" and the attempt in Section 15 and elsewhere in HB 6645 to claim that a doctor prescribing a lethal overdose of barbiturates does not constitute assisting a suicide hearkens to this dark chapter in American psychiatric history. The term "aid in dying" is also an attempt to put suicide assistance under what Breggin has called the "medical umbrella,"² just as the medical umbrella of German doctors in the late 1930's enabled psychiatrists to develop the gas chambers disguised as shower stalls, crematoria, and even the extraction of gold from the teeth of the dead, later to be used by the Nazis against Jews and other victims.

I am Jewish. I am extremely sensitive about making comparisons to the *Shoah*. However, the utter lack of pretense of safeguards in HB 6645 can only lead to the conclusion that Compassion and Choices is seeking to put the death of old, ill, and disabled people under the same medical umbrella. When Final Exit Network steers people to suicide outside the medical umbrella, they are widely perceived as rogues. When Compassion and Choices steers people to suicide under the medical umbrella, this act is now being called

"compassionate aid in dying" by HB 6645. The medical umbrella inures us to medical killing just as much today as it did over 70 years ago, even when that killing goes under the rhetoric of "compassion" and "choice."

Remember, in Oregon, Barbara Wagner and Randy Stroup did not choose. They were given the "choice" of non-treatment for their cancers or a suicide prescription, under the medical umbrella of the Oregon Health Plan and the Oregon Death With Dignity Act. And Compassion and Choices president Barbara Coombs Lee, who was an HMO executive when the Oregon act was enacted, justified Oregon's denial of chemotherapy for Barbara Wagner in an op-ed in the *Oregonian*.

Among the many features of HB 6645 that endanger the lives of vulnerable elders and people with disabilities:

- No witnesses are required to be present at the death; if someone was forced or coerced to ingest the lethal prescription, no one would know
- The witnesses to the issuance of the lethal prescription can be an heir and a close friend of that heir
- The lack of any waiting period between the request for death and the prescribing of the lethal medication; someone can be signed up for the lethal prescription and die the same day without the ability to contemplate the finality of this act—and Section 6 (6) (A) is also designed to expedite the prescription from doctor to pharmacist to patient via fax
- The "one doctor approach" where if the original doctor believes a second opinion is not necessary, there is no second opinion, and any individual or family can go doctor shopping
- The inability to investigate any death under this government "program," as Section 10 forbids any subpoena or discovery into any judicial proceeding; furthermore, there are absolutely no reporting requirements to the Department of Public Health that would enable monitoring of coercion
- The definition of "self-administer" in Section 1 (19) merely means "ingesting," which would include someone else administering the lethal dose via tube feeding; this would allow a someone to murder a person with a significant disability who gets nourishment through a feeding tube
- The fact that deaths under this program will be officially listed as being caused by the terminal illness and not the suicide pills
- The prognosis of "terminal illness" can be grossly wrong; for instance, former Massachusetts Senator Ted Kennedy was given only 2 to 4 months to live when he was diagnosed with terminal brain cancer, yet he lived for 15 productive months

Beyond the specific features of HB 6645 is the pervasive prejudice that views life as a person with a disability as not worth living. A story last November in the *Boston Phoenix* by a gay man whose boyfriend with a significant disability died choking on pineapple juice dramatically illustrates this point.³ After his disabled partner was dead for a few minutes, the author reports that one of the nurses tapped him on the shoulder and said, "Maybe it's better this way." He adds:

"When I started going out with Mike, I thought that prejudice against people with disabilities was something we'd left behind along with Jim Crow and sodomy laws. I was

shocked, again and again, to find that I was wrong. So wrong. Everyone I met had ideas about what it must be like to date Mike—that we never went out, that we couldn't have sex, that I must have to take care of him all the time—that were so false as to be laughable. We did laugh at that stuff. We had to. But for every person who came up to us to congratulate Mike on his 'bravery' in taking a trip to the mall, there was someone who actually thought he'd be better off dead."

Some of those people were doctors.

Those who become disabled later in life carry these prejudices from before they acquired their disabilities. So when someone is diagnosed later in life with incurable cancer or ALS, for instance, they lack the perspective of someone who has lived with a significant disability who is used to receiving assistance eating or toileting. Statistics from Oregon confirm that people in that state are dying not because of inadequate pain control, but from claims of "loss of autonomy" and "loss of dignity."⁴ People are committing suicide, and doctors are helping them, because they lack the important perspective that one can live a meaningful life even with declining abilities, and needing assistance with basic activities of daily living does not affect one's dignity.

As someone on the autism spectrum, I could be personally drawn toward suicide by this legislation. I will be 51 years old this Friday. I am doing reasonably well at this point in my life. I live independently, work two part-time jobs, am involved in my synagogue, and am quite active in disability advocacy. On the other hand, I do have significant difficulties with social skills and can often be alone, isolated, and occasionally quite despairing. Let us suppose that 20 years from now, I am diagnosed with terminal cancer. I have outlived my parents and closest friends. Would I have the hope and courage to complete my life's journey, or would despair drive me to end my own life? And what happens if I am befriended by someone who sees an opportunity to benefit financially from my death? Being socially naïve and very vulnerable to bullying, I might be encouraged to pursue the lethal prescription. Can this actually be described as "choice"?

HB 6645 is the most dangerous piece of legislation we have seen in Connecticut in a long time. Please give this bill the assisted death it so richly deserves.

¹ Peter R. Breggin, MD, Psychiatry's Role in the Holocaust, *International Journal of Risk & Safety in Medicine* 4 (1993), p. 141, available at <http://www.waynemorinjr.com/Germany%20Psychiatry%20Murder%20of%20Mental%20Patients.pdf>

² *Ibid.*, p. 142

³ S. I. Rosenbaum, "Killing with Kindness: Why the Death With Dignity Act Endangers People with Disabilities" *Boston Phoenix*, available at <http://thephoenix.com/boston/news/146648-killing-with-kindness-why-the-death-with-dignity-/#ixzz2NrNplhPQ>

⁴ Oregon Death With Dignity Act—2010, available at <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year13.pdf>